

In re **Edward Milan,
Maryann Milan**Case No. **15-12049**

Debtors

**AMENDED
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community		C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H U S B A N D	W I F E				
Account No. xxxx2765 Allentown Anes Assoc., Inc. Lock Box 3357 P.O. Box 8500 Philadelphia, PA 19178	J						2,950.00
Account No. x5812 Allentown Family Footware 1633 North 26th Street Allentown, PA 18104	J						25.00
Account No. xxxx-xxxx-xxxx-6254 Capital One Bank P.O. Box 71083 Charlotte, NC 28272-1083	J						655.00
Account No. xxxx2969 Lehigh Valley Anes Serv Lock Box 3367 P.O. Box 8500 Philadelphia, PA 19178	J						1,500.00
Subtotal (Total of this page)							5,130.00

3 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxx8382 Lehigh Valley Health Network PO Box 8500 Philadelphia, PA 19178	J	Medical Bill				199.00
Account No. xx3860 Lehigh Valley Health Network PO Box 4120 Allentown, PA 18105	J	2016 Medical				200.00
Account No. xx03Y9 National Recovery Agency 2491 Paxton Street Harrisburg, PA 17111	J	2015 Medical				99.99
Account No. xxxx6779 Penn Credit Corporation P.O. Box 1259 Department 91047 Oaks, PA 19456	J	2015 Medical				100.00
Account No. xxxx6779 Penn Credit Corporation P.O. Box 1259 Department 91047 Oaks, PA 19456	J	2016 Medical				100.00
Sheet no. 1 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 698.99

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. xxxxxxxx9389	J	09/2013				29,010.00	
PHFA/HEMAP 211 North Front Street PO Box 8029 Harrisburg, PA 17105		2nd Mortgage					
Account No. xxxxx2001	J	Utility Bill				1,003.00	
PP&L 2 North 9th Street Allentown, PA 18101							
Account No. xx6438	J	Medical Bill				262.00	
Progressive Physicians Associates P.O. Box 4338 Columbus, GA 31914							
Account No.	J	2008				4,743.00	
Sears/CBNA P.O. Box 6282 Sioux Falls, SD 57117		Credit Card					
Account No.	J	Medical Bill				100.00	
St. Luke's Hospital P.O. Box 8500 Philadelphia, PA 19178							
Sheet no. <u>2</u> of <u>3</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)	35,118.00

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(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. xxxxxxxx0109 St. Luke's Physician Group PO Box 5386 Bethlehem, PA 18015	J	Medical Bill				324.00
Account No. xxxxxxxx6008 UGI P.O. Box 15523 Wilmington, DE 19886-5523	J	Utility Bill				730.00
Account No. xxxxxxxxxxxx0158 VERIZON PO BOX 920041 Dallas, TX 75392-0041	J	Phone Bill				1,088.00
Account No. xxx9459 VSAS Aorthopaedics 1250 South Cedar Crest #110 Allentown, PA 18103	J	Medical Bill				25.00
Account No. 4981 Walmart Credit Card P.O. Box 530927 Atlanta, GA 30353	J	Credit Card				1,089.00
Sheet no. 3 of 3 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) 3,256.00
(Report on Summary of Schedules)						Total 44,202.99